Dear Birth Parent(s):

Thank you for bringing your baby to a safe place. You have taken the first step in making sure that your child will be well taken care of. We know that this has been a difficult decision for you, and we will do what we can to give your child the best possible care.

This packet has information to help you find care for yourself and to learn what your choices are right now. The baby will be at the hospital for at least a day. Child Protective Services will find a foster care home. More information about the foster care and adoption process is included in this packet, along with phone numbers for the hospitals and Child Protective Services.

Please look at the information about what to expect after having a baby. If you are unable to visit your own medical provider, come to the hospital or seek medical care through one of the resources listed in this packet. Tell the medical provider that you transferred your baby under the "Safety of Newborn Children" law and they will not report you to law enforcement.

Please help us by providing some health information. This information is important for your child's care now and in the future. This information will be used only for this purpose. It will not be used to identify you or find you. Answer only those questions you feel comfortable answering.

Mail the forms in the addressed / stamped envelope provided in the packet. If you want to send additional information in the future, every effort will be made to get the information into the child's record. Information should be sent to:

Adoptions Program Manager Children's Administration Department of Social and Health Services PO Box 45710 Olympia, WA 98504-5710

Thank you for coming to a safe place with your baby.

APPENDIX C

MEDICAL AND SOCIAL HISTORY FORM

This form is intended to provide you an opportunity to anonymously provide information about your newborn and his/her family medical history. This information can be very helpful for your child's future medical care.

TRANSFER INFORMATION				
Date Newborn Transferred:	Hospital / Fire	Station:	ID Band Number	:
DELIVERY INFORMATION				
Date and time of birth	Date:		Time:	
Place of birth	□Hospital	□Home	Other:	
Delivered by (If not hospital delivery)	☐ Midwife	☐ Mother		amily/friend
Position at birth	☐ Head first	☐ Bottom firs		
Cried at birth	☐ Right away	Delayed, bu		
Baby moving arms/legs at birth?	☐ Yes		□No	
Baby's coloring at birth	☐ Pink around	☐ Pink aroun		☐ Other:
	mouth and pink	mouth, bluish		
	hands and feet	hands and feet	t mouth	
Placenta (afterbirth) delivered	□Yes	□ No	1	
within 10-15 minutes after baby?				
LABOR INFORMATION			T m:	
Date/time mother's water broke	Date:		Time:	
What color was the fluid?	☐ Clear ☐	Greenish or bro		
Any odor to the fluid?	☐ Yes (describe)			No
Date/time contractions	Date:		Time:	
(labor pains) started				
PREGNANCY INFORMATION				
How far along was the pregnancy?	In Months			
Mother's age	☐ Under 17 years	old 17-35		35 years old
Prenatal care?	☐ Yes		□No	
Other pregnancies?	# of pregnancies:	: <u>—</u>	Low birth weigh	t
	Born alive:		(under 5½ lbs):	
	Premature births		Stillborn:	
	(more than 3 weeks early): Miscarried/abortions:			ions:
	D "			
Complications of this pregnancy?	Describe:			
(Bleeding before labor, high blood pressure,				
high weight gain, infections, morning				
sickness more than 3 months, etc.)	Describe:			
Complications of past	Describe:			
pregnancies?				
Substance use during pregnancy	☐ Alcohol:	☐ Tobacco:	☐ Prescription	Other
Substance use during pregnancy		_	· •	drugs
	Drinks/day	Packs/day	Names:	(street drugs)
	for	for	1,000	Names:
	Months of	Months		
	pregnancy	of pregnancy		

APPENDIX C

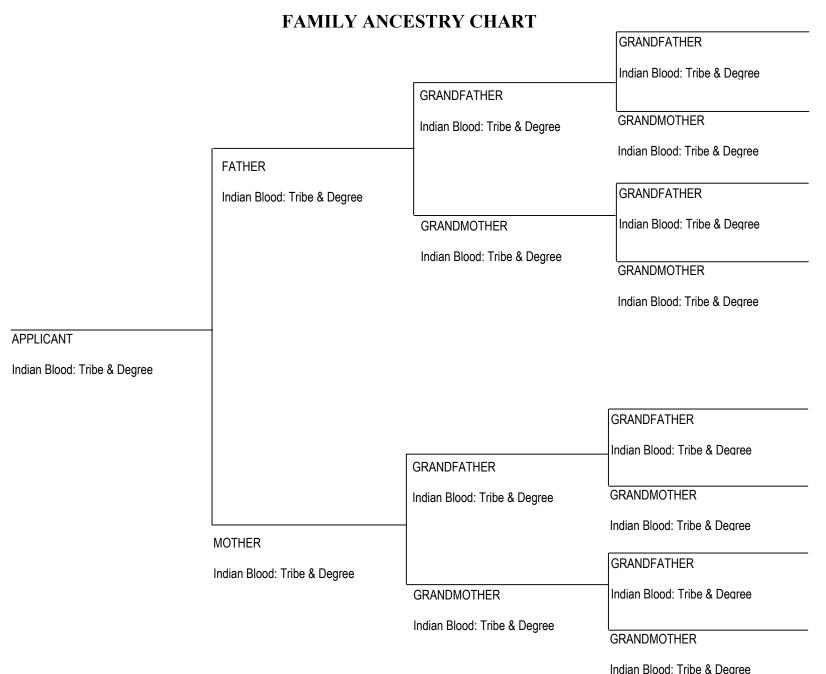
PARENTS' MEDICAL HISTORY INFORMATION				
Personal or family history of Diabetes High blood pressure Heart disease Lung disease (asthma, etc.) Allergies	Mother:	Father:	Don't know:	
 Sexually transmitted diseases (HIV, herpes, gonorrhea, etc.) Depression or other mental illness Glaucoma or other eye problems Cancer Hearing problems Hemophilia or bleeding problems Cystic fibrosis Muscular dystrophy Huntington's disease Down syndrome/other mental retardation Personal or family history of birth defect (heart, cleft lip/palate, etc.) 	Mother (Please describe)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Don't know (Please describe)	
Ethnic background (this can sometimes provide important health information) African American European (Ashkenazi) Jewish Italy/Greece/Middle East Latino/Hispanic/Puerto Rican Native American Southeast Asia/Taiwan/ China/Philippines Pacific Islander Caucasian Other Any other medical or family history information that you think might be important in your baby's future?	Mother:	Father:	Don't know:	

If an Algorithm has been created, it should be inserted on a separate page here.

APPENDIX C

Descript	ions and Char	acteristics of	Birth Family	
	Mother	Father	Sibling of Newborn	Other – Identify Relationship
Height				
Weight				
Age (at time of newborn's birth)				
Build/Bone Structure				
Complexion color (fair, medium, dark, olive, light brown)				
Hair color				
Hair texture				
Eye color				
Right or Left handed				
Blood type				
Education (to date)				
Glasses worn? If yes, what for what condition?				
Acne? Age at onset? Treatment?				
Distinguishing characteristics (e.g., birthmarks, scars, tattoos)				
Occupation				
Talents / hobbies / skills				
Family Religion				
Addictions (Drug, Alcohol, Tobacco, etc.)				
Deceased				

If your child is of Native American descent and you believe the child may be eligible for tribal enrollment, you may choose to provide the following information. If you complete this information, you will need to provide identifying information and no longer retain your anonymity.



Т)ear	Pare	nt
	ıear	Part	:111

Date Newborn Transferred: Hospital / Fire Station:

Please take this time to write a message to your newborn. We will pass this message on to the child's social worker so that your child may some day read it.

ID Band Number:

Parent's Message To New	born:	

This history is a thoughtful gift, and will accompany your child. After filling out this form, please mail to:

"Newborn Safety"
Adoptions Program Manager
Children's Administration
Department of Social and Health Services
PO Box 45710
Olympia, WA 98504-5710

HELPFUL INFORMATION

If you change your mind or have questions about the baby, call the Division of Children and Family Services at:

1-800-562-5624

Explain that you transferred your baby under the Safety of Newborn Children Law. Provide the date that you transferred your child and the location of the transfer (hospital or fire station / city). You may be asked to provide the child's bracelet number for verification. You will then be provided with the name and number of the child's social worker. If you have transferred a child under this law, you have not committed a crime and you will not be referred to law enforcement.

Statewide Numbers

Statewide I vuilibei s	
Adoption Agencies Statewide Listing	
• Department of Social and Health Services:	1-800-562-5628 www.dshs.wa.gov
Domestic Violence	
Washington State Domestic Violence Hotline:	1-800-562-1240
Substance Abuse Services	
• 24 Hour Drug and Alcohol Helpline:	1-800-562-6025
Medical Assistance / Crisis / Counseling	
 Healthy Mothers / Healthy Babies 	1-800-322-2588
Safe Place For Newborns	1-877-440-2229
 Parent Trust for Washington Children 	1-800-932-HOPE
Local numbers Domestic Violence •	
Substance Abuse Services •	
Medical Assistance (Mother)	
County Health Department	
Counseling / Crisis	
• County Crisis Line	
▼	

THE LEGAL PROCESS

A baby who is "transferred" to a hospital employee or to a fire station worker will be placed in the legal custody of the Department of Social and Health Services (DSHS).

Legal Rights of Parents

A parent who transfers custody of a newborn baby to qualified personnel at a hospital or fire station does not abandon the baby and does not commit any crime.

Once the baby is transferred, DSHS starts a lawsuit (called a "dependency action") in juvenile court. A juvenile court judge will decide that the baby has no parent who can care for him/her. The judge will give custody of the baby to DSHS so that the baby can be placed in a foster home and so that DSHS has legal authority to make decisions about the baby's health, safety and welfare. Most often the baby will be placed with foster parents who want to adopt a child.

The parent of a child who is in the custody of DSHS has legal rights. You continue to have these rights – if you take advantage of them – even though you have transferred custody of your baby, until the juvenile court makes a permanent decision about the child's welfare. If you decide you want to take advantage of these rights you should contact DSHS as soon as possible so that you can begin to participate in the juvenile court case involving your baby. If you do participate in the legal action, your rights would include the following:

- The **right to a hearing within 72 hours** (excluding Saturdays, Sundays and holidays) from the time your child is taken into custody.
- The **right to an attorney** to represent you throughout the juvenile court proceeding. If you cannot afford an attorney, the court will appoint one to represent you at no expense to you.
- The **right to request a case conference** to decide what services you and your child should receive.
- The **right to be offered or provided all necessary services**, that are reasonably available, to assist you in correcting any parenting deficiencies so that your child can be returned to you in the near future.
- The **right**, in some cases, to make an adoption plan for the child, subject to court approval, including selecting the adoptive parents.

Legal Process for the Child

The child will have his or her basic needs met by DSHS and the foster parents.

In placing the child, DSHS must place the child with a relative, if a relative is known, available, and qualified. If a relative is not known or is not available, the child will be placed in a foster home.

Please be aware that under Washington law, DSHS must try to locate the child's parents. This is necessary to provide notice to the child's parents regarding the legal proceedings. It does **not** mean that the hospital or fire department will not protect the anonymity of a parent leaving a newborn. These attempts would take place **after** CPS has received the child from the hospital or fire department. If the identity of the child's parents is not known, then DSHS will publish a notice in a newspaper in the county where the child is transferred letting the parents know about the juvenile court lawsuit and the date and time of any court hearing. If the parents do not go to the hearing, then the parents' rights to the child may be terminated. (This means the child and the parent are no longer legally related and you will no longer have any rights to be involved in the child's case or in the child's life.) The child would then be placed for adoption.